

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531553

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	0					
4						
5	1					
6						
7	1					
8	1					
9	1					
10						
11	1					
12	1					
13	1					
14	1					
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50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	20	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████	████████	████████	████████	████████